

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039287

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 41

Primary Registration District No. 3012

Registrar's No. 109

FILED OCT 16 1963

1. PLACE OF DEATH

a. COUNTY Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Excelsior Springs

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 719 S. Marietta

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Clay

c. CITY OR TOWN Excelsior Springs

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
719 S. Marietta

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Sarah Ann Kearns

4. DATE OF DEATH

Month

Day

Year

August 29 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7/14/1867

9. AGE (last birthday)

96

10. IF UNDER 1 YEAR

Months Days Hours Min.

11. IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Pattonsburg, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Kidwell

13b. MOTHER'S MAIDEN NAME

Martha Billingsley

14. NAME OF HUSBAND OR WIFE

Lacy Kearns

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Goldie Kearns, Ex. Springs, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac arrest 1/30

INTERVAL BETWEEN ONSET AND DEATH

instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arteriosclerotic heart disease 40

years

DUE TO (c)

arteriosclerosis 4500

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. Attended the deceased from

8/15/63

to 8/29/63

and last saw her alive on 8/29/63

Death occurred at

4:30 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. D. Excelsior Springs, Mo.

22b. ADDRESS

22c. DATE SIGNED

9/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8/31/1963

23c. NAME OF CEMETERY OR CREMATORY

Salem

23d. LOCATION (City, town, or county)

Excelsior Springs, Mo

(State)

24. FUNERAL DIRECTOR

Prichard Funeral Home, Inc.

ADDRESS

Excelsior Springs, Missouri

25. DATE RECD. BY LOCAL REG.

8-29-63

26. REGISTRAR'S SIGNATURE

Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

16001

26001

3

4 1

5 2

6

7 0

8 2

9/200

10

11

12 90-0

13 10

VS080-02

Burial Permit issued 8-29-63 B.N.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ralph Van Landingham

Licensed Embalmer No. 4009

P. O. Address Edelior Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.